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Volume 11 | Issue 3 Article 11

1949

Anomalies of the Eyes and Uterus

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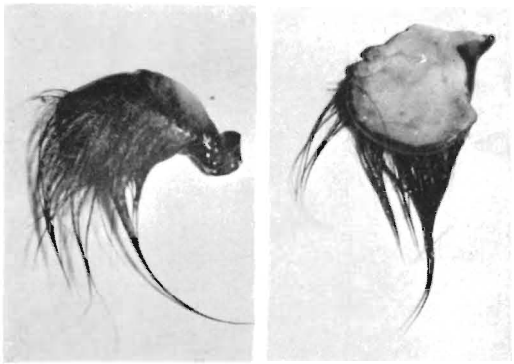

Fig. 3. Closeup of dermoid cysts.

covering of hair and complete opacity when it extends on to the cornea.

In this case there was no conjunctivitis present but in many cases it is very marked with a copious mucopurulent exudate. Because of the absence of conjunctivitis, this bull was not brought in for treatment until seven months of age. Ordinarily such animals are treated early in life because of the extensive conjunctivitis.

A number of similar cases have been operated in the clinic in the past few years with a high percentage of success. Operative wounds heal very readily but the part of the growth adhered to the cornea leaves a scar which interferes a little with vision but is usually not significant.

Leland F. Bunge, '50

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4 **Anomalies of the Eyes and Uterus.** A black, female Cocker Spaniel, one year of age, was admitted to Stange Memorial Clinic on March 21, 1949 for an oophorohysterectomy and the removal of a dermoid cyst from each eye.

The dog was given ¾ of a grain of morphine sulfate and 1/100 of a grain of atropine sulfate as a basal anesthetic. It was then placed upon the operating table in a dorsal recumbent position, the urine was expressed and the operative area was washed with soap and water. The area was then shaved, defatted with ether and sprayed with 70 percent (by weight) ethyl alcohol.

The operating table was tipped to a vertical position and a sterile rubber shroud was placed over the animal with an opening over the posterior umbilical area. Anesthesia was completed with ether and an incision about ½ inch in length was made about 1 inch posterior to the umbilicus. The incision was held open with a wound retractor and the left uterine horn and ovary were pulled through the incision with a Covault oophorectomy hook. The pedicle of the left ovary was clamped off with an angiotribe and the vessels ligated with No. 3 plain catgut. The left ovary was cut away from the pedicle and the left horn was then followed posteriorly to the body of the uterus. At this point difficulty in exposing the right uterine horn was encountered and the abdominal incision had to be enlarged. The right horn was found to be increased in size to about 2 inches in diameter and about 15 inches in length. The horn was filled with a turbid fluid which could not escape due to what appeared to be a congenital occlusion at the junction of the horn and the body of the uterus.

The right pedicle of the ovary was clamped off with an angiotribe, ligated and removed in the same manner as described for the left ovary.

The body of the uterus was clamped, ligated and the anterior portion was removed with the horns and ovaries.

The table was then tipped back to the original horizontal position and the peritoneal incision was closed with a continuous suture using No. 2 plain catgut. The incision through the skin and muscles of the abdominal wall was closed with interrupted sutures using silk suture material. A sterile gauze pack was placed over the incision and a roller bandage wrapped tightly around the body of the dog.

The dog was then placed in a ventral recumbent position. The dermoid cyst of the left eye which was located at the lateral canthus was incised, and the hair and follicular material found in the cyst were removed. Two interrupted sutures were used to close the lateral canthus.

The dermoid cyst of the right eye in-

volved the lateral canthus and part of the sclera and cornea. It was dissected from the sclera and cornea. That part of the cyst involving the lateral canthus was incised and the hair and follicular material were also removed from here. Two more interrupted sutures using silk suture material were used to close this incision.

The dog made an uneventful recovery and was discharged on March 27, 1949.

Ralph Muhm, '50

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5 **Fibromyoma in a Bovine.** A 5-year-old Holstein cow was admitted to Stange Memorial Clinic, March 25, 1949 with a history of a pedunculated growth on the left ventral abdominal wall for the past three years. It had been growing faster during the last year. There was also a small growth in the region of the anterior cervical lymph nodes.

Further examination showed the mandibular, anterior cervical and left prefemoral lymph nodes to be enlarged. The enlargement in the ventral anterior cervical area was softer than the mass on the abdominal wall. The body temperature was normal and remained normal throughout the period the animal was in the hospital.

On March 30, the patient was restrained on the operating table in a right lateral recumbency. The pedunculated mass was cleansed with .035 percent aqueous solution of a quaternary ammonium compound. The surrounding abdominal wall was shaved and 70 percent (by weight) ethyl alcohol was applied. Two percent solution of procaine hydrochloride was infiltrated into the area. By combining surgical excision and thermocautery the tumor and underlying subcutis were removed. Many small arteries were encountered and considerable ligation was required. Silk suture material was used for the ligation. Eupad powder was applied to the exposed tissue. Last minute hemorrhage occurred and it was necessary to apply two hemostats as the patient was being led to her stall. The tumor mass was submitted to the laboratory for histopathologic study. Sulfanilamide powder was

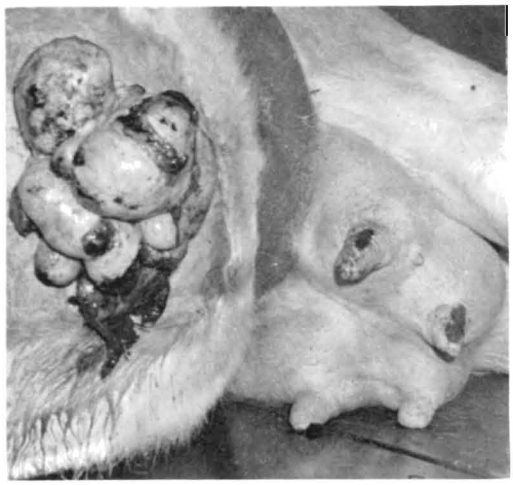

Fig. 4. The fibromyoma before removal.

dusted on the swollen and edematous wound for the next four days.

A biopsy of the swollen area in the region of the anterior cervical lymph nodes was made on April 1. A coffee-colored fluid was obtained. The pulse rate on this day was 140 per minute but was a strong pulse. In the belief that the mass was a hematocyst, it was surgically excised and found to be a dermoid cyst filled with dark colored hair. The cavity was packed with sulfanilamide gauze and the wound edges were approximated with interrupted silk sutures. The bottom of the wound was left open for drainage. A laboratory examination of a blood specimen showed the hemoglobin content to be 56.8 percent of normal.

The pulse returned to normal on April 2. The bottom suture was removed from the site of the cyst and the gauze pack was withdrawn. The wound was dusted with sulfanilamide powder. The patient was given 400 cc. of citrated blood intravenously to compenstate for the low hemoglobin content.

The following day, the bottom edges of the cervical wound was spread with hemostats to facilitate drainage. The next day the sutures were removed from the cervical wound and hereafter it was treated as an open wound. Boric acid and air-slaked lime (equal parts) healing powder was dusted on both wounds daily until the patient left the Clinic.